

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10669590

FILING DATE 09-25-03

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | 1 | | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | 1 | | | | | |
| 16 | 1 | | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
| 19 | 1 | | | | | |
| 20 | 1 | | | | | |
| 21 | 20 | | | | | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 704 | | | | | |
| TOTAL CLAIMS | 706 | | | | | |

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| TOTAL IND. | | | | |
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| CLAIMS ONLY | | | | | | SERIAL NO. | FILING DATE | | | | |
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| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | |